

AUG 31 2005

## CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Namuduri et al.

Docket No.

GP-303337

Application No.

10/691,091

Filing Date

October 22, 2003

Examiner

C. P. Schwartz

Group Art Unit

3683

Invention: MAGNETORHEOLOGICAL FLUID DAMPER

I hereby certify that this Amend. Trans (1 pg), Response (14 pgs), IDS Trans. (2 pgs) & PTO-1449 (1 pg)

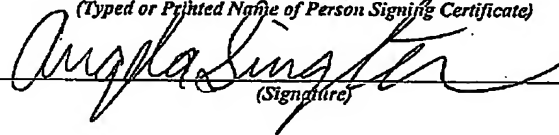
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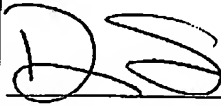
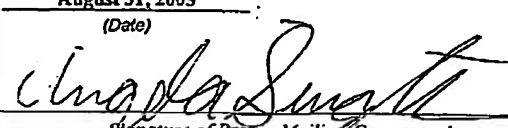
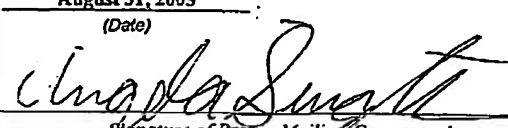
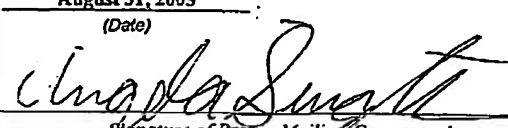
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P18/REV02

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>GP-303337</b>									
Applicant(s): <b>Namuduri et al</b>														
Application No. <b>10/691,091</b>	Filing Date <b>October 22, 2003</b>	Examiner <b>C.P. Schwartz</b>	Customer No. <b>23413</b>	Group Art Unit <b>3683</b>	Confirmation No. <b>4786</b>									
Invention: <b>MAGNETORHEOLOGICAL FLUID DAMPER</b>														
<b>COMMISSIONER FOR PATENTS:</b>														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	22 -	23 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	4 -	5 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ <i>Signature</i>			Dated: <b>August 31, 2005</b>											
<b>Dean Y. Shahrlari</b> <b>Reg. No. 56,783</b> <b>Customer No. 23413</b> <b>Telephone: 404-607-9991</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="text-align: center;">August 31, 2005</td> <td style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">             _____  <i>Signature of Person Mailing Correspondence</i> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>Via Facsimile by Angela Singleton</b>            _____  <i>Typed or Printed Name of Person Mailing Correspondence</i> </td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		August 31, 2005	(Date)	 _____ <i>Signature of Person Mailing Correspondence</i>		<b>Via Facsimile by Angela Singleton</b> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>	
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P11LARGE/REV09